

Serial No. 09/782,718
Reply to Office Action of April 24, 2003



PATENT

ALC
08/05/03
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I hereby certify that on July 23, 2003, which is the date I am signing this certificate, I am depositing this correspondence and all identified attachments with the U.S. Postal Service, first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, Alexandria, Virginia 22313-1450.


Robert Fiore

Applicant: Stephen P. Hamilton
Serial No.: 09/782,718
Filed: February 13, 2003
Title: **APPARATUS AND METHOD FOR
TRANSPORTING MOTORCYCLES**
Examiner: Steven A. Bratlie
Group Art Unit: 3652
Docket No.: 58104-00003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT IN RESPONSE TO OFFICE ACTION DATED APRIL 24, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of April 24, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the Listing of Claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

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I hereby certify that on July 23, 2003, which is the date I am signing this certificate, I am depositing this correspondence the United States Postal Service, first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

- ☒ Transmitted herewith is an Amendment in Response to Office Action dated April 24, 2003 in the above-identified application.
- ☒ A check in the amount of \$42.00 to cover the fee for additional claims is also enclosed.
- ☒ A Return Postcard.

The fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Small Entity Rate	Add'l. Fee	Standard Rate	Add'l. Fee
TOTAL	13	50	0	x \$9		x \$18	\$0.00
INDEP.	5	4	1	x \$42	\$42.00	x \$84	\$0.00
1st Presentation of Multiple Dependent Claim				X \$140	\$	x \$280	
				TOTAL	\$42.00	TOTAL	\$0.00

- ☐ Please charge my Deposit Account No. 07-1853 the amount of \$____. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1853.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.

Respectfully submitted,

Sung I. Oh, Reg. No. 45,583
Attorney for Applicant

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